



PATENT
455610-2500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

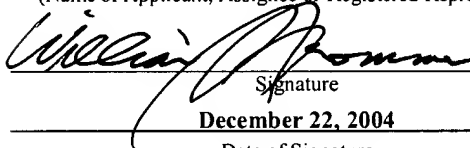
Applicant(s) : Rudolf FARKAS
Serial No. : 09/988,418
For : CONTROL VARIABLES
Filed : November 16, 2001
Examiner : Thuan N. Du
Art Unit : 2116

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 22, 2004.**

William S. Frommer, Reg. No. 25,506

(Name of Applicant, Assignee or Registered Representative)


Signature

December 22, 2004

Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

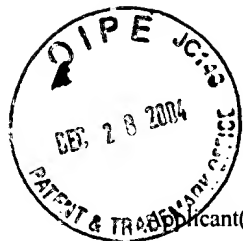
Sir:

In response to the Office Action dated October 5, 2004, please amend the above-identified application as follows:

12/30/2004 RMEBRANT 00000023 09988418

01 FC:1201

400.00 OP



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Serial No. : 09/988,418
For : CONTROL VARIABLES
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	5	Minus	*** =3	* 2 x	\$200 (100)	= \$ 400.00
Total additional fee for this amendment						\$ 400.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of **\$200.00** is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 22, 2004.**

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

Signature

December 22, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

The PTO did not receive the following listed item(s) check for \$200.00 but we got \$400.00

00240113